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Bib Data Sheet

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| SERIAL NUMBER 08/419,719 | FILING OR 371(c) DATE 04/10/1995 RULE 1.60 | CLASS 607 | GROUP ART UNIT 3711 | ATTORNEY DOCKET NO. 1342-119 |
| APPLICANTS SCOTT D. AUGUSTINE, BLOOMINGTON, MN; RANDALL C. ARNOLD, MAPLEWOOD, MN; | | | | |
| ** CONTINUING DATA ***** This application is a CON of 07/638,748 01/08/1991 PAT 5,405,371 which is a CIP of 07/550,757 07/10/1990 ABN which is a CIP of 07/227,189 08/02/1988 ABN which is a CIP of 07/104,682 10/05/1987 ABN | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/01/1995 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY MN | SHEETS DRAWING 5 | TOTAL CLAIMS 6 |
| INDEPENDENT CLAIMS 2 | | | | |
| ADDRESS JOHN ROCK ARIZANT HEALTHCARE INC. 10393 WEST 70TH STREET EDEN PRAIRIE, MN55344 | | | | |
| TITLE INFLATABLE LOWER BODY THERMAL BLANKET | | | | |
| FILING FEE RECEIVED 365 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

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